

Utah Division of Drinking Water
Operator Certification Program

**CONTINUING EDUCATION UNIT (CEU)
INDIVIDUAL APPLICATION**

Instructions: Fill in form completely. List only one training activity on each application. This application may be photocopied. Attach copy of activity information such as class schedule, seminar agenda, certificate of completion, etc. If you have questions or need assistance, contact the Operator Certification Program staff at (801) 536-4200.

(Please print)

Operator's name: _____ Operator certification number: _____

Home address or mailing address:

Name of employer or water system: _____

Training Activity Information

Description of activity (title, topics, subjects, etc.):

Date training began:	_____	Start time: ____:____	End time: ____:____
(month/day/year)	_____	Start time: ____:____	End time: ____:____
	_____	Start time: ____:____	End time: ____:____
	_____	Start time: ____:____	End time: ____:____
	_____	Start time: ____:____	End time: ____:____
	_____	Start time: ____:____	End time: ____:____
Date training ended:	_____	Start time: ____:____	End time: ____:____

Location of activity (name, address and city of institution):

Instructor or contact person: _____ Telephone number: _____

Mail or Fax completed form to:

Division of Drinking Water
Operator Certification Program
150 North 1950 West
P.O. Box 144830
Salt Lake City, Utah 84114-4830

FAX number: (801) 536-4211
Telephone number: (801) 536-4200
E-mail: kdyches@utah.gov
E-mail: mhand@utah.gov